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CLINICAL LECTURE.

AORTIC REGURGITATION. — FUNCTIONAL HEART DISEASE.¹

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The first patient, J. T., 72 years old, with a negative family and previous personal history, was before you last week, when I diagnosed for you an aortic systolic murmur and discussed its significance. In cases of aortic regurgitation we hear a murmur most distinctly at the second costal cartilage, on the right side. On ausculting this patient we find a double murmur, or a murmur accompanying both the first and second sounds of the heart. These murmurs do not replace the second sound. Cases frequently occur in which a murmur is heard replacing the second sound. In all cases of diastolic murmurs notice carefully what is their area of diffusion. Some diastolic murmurs may be transmitted to the xyphoid cartilage and to the apex as well. In other cases, diastolic murmurs will be heard for only a few inches down the sternum. When the posterior segments of the aortic valve are affected, the murmur heard will be transmitted to the apex of the heart. When only the anterior segment of this valve is involved the murmur is heard only at the sternum. Cases of aortic valvular disease in which the anterior segment of the valve is the seat of trouble are of graver import, owing to the position of the coronary arteries. In the patient now before you we hear a murmur which is transmitted to the apex and into the axilla. In some of these cases you may hear the murmur in the back and in the arterial branches, even into the radial arteries.

We rarely find a case of aortic regurgita-

tion without constriction being also present, though the reverse is more frequently met with. When two murmurs are associated, we may get one continuous sound between systole and complete diastole. In this patient there exists a distinct pause between the two murmurs.

Let us see what conditions may be mistaken for those present in this case of aortic regurgitation. In our efforts at diagnosis we may disregard all systolic murmurs. The pre-systolic murmur in cases of mitral stenosis might be mistaken for this form of valvular disease. The pre-systolic murmur of mitral obstruction, however, occurs, as its name implies, *before* the first sound; it is best heard at the apex, and the murmur is not transmitted to the axilla, to the back or into the carotids. It is a long, rough, blubbery or churning sound. The murmur of tri-cuspid insufficiency is a soft, short, low-toned, blowing murmur, and is not heard above the third rib. An aneurism at the sinuses of Valsalva may give rise to a murmur resembling somewhat that of aortic regurgitation. In aneurism, in the first place, we will get a history of pain and cough, and later we may find characteristic bulging of the intercostal spaces with dullness on percussion over the same area. The aneurismal bruit is confined to the seat of the trouble, is frequently double, and we will fail to find with it any enlargement of the left ventricle.

The subjective symptoms of aortic regurgitation at first may not be marked, if the heart's action is regular. The patient may suffer with pain over the site of the left ventricle, this symptom being more marked in this form of valvular disease than in any other form. A white line can often be traced on the skin, following the course of the pain and extending to the shoulder. The pain may radiate to the right as well as to the left side. In this patient we may get attacks of angina pectoris. Exertion aggravates the pain and produces dyspnoea and

¹ Delivered in the Medico-Chirurgical College.

palpitation. The patient becomes fretful and dislikes all exertion. As the case progresses these symptoms become more marked. When, through the existence of this lesion, the heart fails to do the work required of it, the left ventricle, from over-distention, first becomes dilated and then often, as here, greatly hypertrophied, and, in consequence, greater amounts of blood are forced into the arterial system; and thus endarteritis is set up in the vessels throughout the body. From this cause we also find produced a form of rheumatism, as in the knees and other large joints. This case illustrates the form of rheumatism *following* and being *caused* by heart lesions, as shown, pain and tenderness around the knee-joints having been only quite recently developed. This rheumatism, if such it may be termed, is due to endarteritis in the vessels surrounding the joints.

Cerebral anemia will soon make its appearance, and will be shown by attacks of dizziness, syncope, etc. The symptoms of cerebral anemia precede those of venous engorgement.

Next, owing to the dilated condition of the left ventricle and nutritive changes in its muscular tissue, we have a loss of contractile power in the ventricle, and through this lack of propulsive force in the circulatory system, venous stasis results and cedema makes its appearance—first in the lower extremities.

In aortic regurgitation, the pulse is regular and full, but it seems to collapse under the examining finger, giving a quick pulse, but without increase in the number of beats in the minute. This peculiarity may be best observed by holding the patient's arm up as I now do, when feeling the pulse. This is known as "Corrigan's pulse" or the "water-hammer" pulse, the latter name because of its vibratory character.

The treatment of this condition is indirect in the earlier stages. In these cases no medicines are given for their direct cardiac effect, unless we find evidences of failing cardiac power. Use dietetic and regiminal methods, such as frictions of the skin. Avoid all violent exercise. An occasional warm bath may be used. We will use, in this case, a preparation of iron, to aid in preserving the cardiac muscle, giving ten minims of the tincture of the chloride three times daily. If there is a decided weakening of the heart muscle, as shown by venous engorgements, we may use tincture of digitalis in five-minim doses, four times a day,

and gradually increase the dose to ten minims. If the patient complains of precordial pain, it means that the remedy is not exerting a good effect. When using digitalis we need have no fear of bad effects from the use of the remedy as long as we find an increased flow of urine.

Functional Heart Disease.

The patient I now show you is a young man, 20 years old, whose family history is generally good; though one of his parents died of phthisis. The patient's health was good up to four weeks ago. His habits are good, excepting that he is addicted to the excessive use of tobacco. He has used tobacco, though at first moderately, since he was twelve years old. Four weeks ago he began to suffer with dyspepsia and cardiac palpitation. The day preceding the beginning of his trouble he ate largely of apples and drank a great amount of water. This, then, gives us a history of dyspepsia ushered in by an attack of acute indigestion. The heart-trouble is worse in the morning on first rising, amounting to an attack of violent palpitation lasting from two to three hours, and it is accompanied by extreme apprehension.

Physical examination.—Inspection shows the apex beat at its normal location. Palpation shows the area of heart impulse to be a little increased, due to violence of cardiac action. Percussion fails to show any increase in the size of the heart. Auscultation gives us the following points: the heart's action is sharp and quick, the first sound of the heart lacks the sound of muscular contraction but possesses a stronger valvular element.

This is a case of functional disease of the heart. In diagnosing functional troubles, besides taking into account the subjective symptoms, we must make a careful physical exploration, with a view to excluding organic affections. In this case two leading causes have been at work in producing the trouble: indigestion and the excessive use of tobacco. Here there is also a nervous predisposition; and this is probably true of all instances of this class of ailments. Other causes of functional disturbances we find in anemia, excessive use of tea and coffee, severe and prolonged mental application, excessive venereal excitement and muscular exhaustion.

The prognosis is good; and such patients must be assured at each successive visit that

their disease is not a fatal one under any circumstances. This piece of positive information will be of inestimable service.

In the treatment we must try to give these patients *immediate* relief from the paroxysms of palpitation which are the cause of the painful mental apprehensions. Try to appreciate the individual's condition and treat him accordingly. You will meet with two leading classes of cases of the affection under consideration. To one class we must give diffusible stimulants, such as ammonia, whiskey or Hoffmann's anodyne; since we find irregularity in the heart's action, and at times the pulse intermits. If the heart is working regularly, but too rapidly, we may use anti-spasmodics, arterial and nervous sedatives, such as bromide of ammonium; or, if this remedy does not act promptly, tincture of aconite root, in doses of two or three minims, three times a day, to be persevered in for two or three weeks. It is in this instance highly important to treat the digestive symptoms. We will use one drachm of essence of pepsin, with ten minims of the fluid extract of cascara and ten grains of bromide of ammonium three times a day.

The cascara is added because the patient has been for a long time troubled with constipation. Tobacco shall be discontinued. Indeed it may be stated as a positive rule, that our efforts to cure these functional diseases will be successful just in so far as we are able to control and remove their known causes. In conclusion, let me urge you to bear in mind the necessity for relieving the mental apprehensions of the patient as frequently as possible by your positive assurances that he has a curable complaint. This patient admits that we have even prevented attacks of palpitation in this manner.

—Biblical units have the following equivalents: A shekel of gold was \$8. A firkin was seven pints. A talent of gold was \$13,800. A talent of silver was \$538.30. Ezekiel's reed was nearly 11 feet. A cubit was nearly 22 inches. A bin was 1 gallon and 2 pints. A mite was less than a quarter of a glass. A shekel of silver was about 50 cents. A piece of silver, or a penny, was 12 cents. A Sabbath day's journey was about an English mile. An ephah, or bath, contained 7 gallons and 5 pints. A day's journey was about 23.5 miles. A hand's breadth was equal to 3½ inches. A finger's breadth was equal to 1 inch. A farthing was 7 cents.

COMMUNICATIONS.

NERVOUS AND MUSCULAR ELEMENTS IN THE CAUSATION OF IDIOPATHIC LATERAL CURVATURE.¹

BY BENJAMIN LEE, A. M., PH. D.,

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"*Propter ovarium est mulier:*" woman, exists for the ovary. The ovary is the dominant in the scale of her physical harmonies. Let that organ lose its normal tone, and discord soon manifests itself in some portion of her nervous system. Up to a certain age it remains dormant, and, given similar conditions of life, training and regime, there is little to mark the difference between the boy and the girl. But when once this gland has taken on its functional activity, all this is changed, and the budding woman becomes liable to numerous distresses and disorders which her more fortunate brother never or rarely suffered from. When both were infants in arms, their backs—that is to say, their spinal columns—were nearly straight, deviating from a right line neither forwards nor backwards, neither to the right nor the left. As they begin to bear their weight upon their feet, to balance themselves and to walk, gradually these straight spines began to curve forwards in the lower segment, backwards in the middle segment, and again forwards in the superior segment. The first of these curves took place in the lower or lumbar region as the results of increased tonicity in two important muscles known as the *psaos magnus* and the *iliacus intemus*. The other curves were compensatory in order to preserve the equilibrium of the body and afford all the organs room for free play and complete discharge of function.

But now for the possessor of the ovary comes the monthly molimen which for the next thirty or forty years of her life is to regulate all her movements. This imperious organ becomes engorged with blood, takes on an intense excitement, sets all its nerves to vibrating, and arouses the sacral plexus into a state of sympathetic energy. In many cases the sacral plexus in its turn communicates the unwonted stimulus to the pelvic spinal muscles of which mention has

¹ Read before the American Orthopedic Association, at its meeting held in Philadelphia, September 17, 1890.

just been made. These muscles contract under the stimulus, and the result is a back-ache such as the sufferer never felt before. The means to which she naturally resorts for relief is to lie down and place her hand or some other firm body under the small of the back. This supports the arch formed by the contraction of the muscles, allows them to relax and diminishes the suffering. When the flow of blood from that obedient slave of the ovaries, the uterus, has relieved their congestion, their excitement diminishes, this intelligence is communicated to the sacral plexus, which in turn telegraphs to the muscles, and they soon subside into their normal condition, only to be again stimulated to undue contraction when the moon shall have completed another revolution around the earth. In many women this pain is slight, in some it is entirely absent; but it is safe to say that it is the most common form of suffering attendant upon menstruation. And even when there is no consciousness of pain, it does not follow that a certain degree of muscular contraction has not taken place. We have these muscles then subjected at very frequent intervals to an influence which unduly excites their contractility. Is it to be wondered at that this intermittent abnormal contractility should sometimes lead to a permanently irritable condition of the muscular tissue? So long as these symmetrical muscles act with equal energy on both sides of the flexible spinal column, its equilibrium will not be disturbed, so far as lateral deviation is concerned. But if, for any reason, those of one side act more vigorously or more persistently than their fellows, the result must be a gradual inclination of the spinal column towards the side of preponderating contraction. The same effect will of course be produced if those of one side suffer a loss of tone. Now bear in mind that these muscles have an entirely different relation to the motility of the spinal column from that possessed by the muscles of the upper part of the trunk, in that their attachments are to a fixed point of support which is in contact with the earth, while those of the former, such as the rhomboides and trapezius, are two entirely movable points. The direction of action is here precisely reversed. The spine itself is the fixed point, so far as the superior muscles of the trunk are concerned. When they contract, they do not draw the spine towards their opposite extremities, but draw their opposite extremities, with the limbs to which

they are attached, towards the spine. Only under one condition can they disturb the spinal equilibrium, namely, when the hand grasps an object which is firmly attached to the earth. Then they act with the same advantage that the pelvic spinal muscles possess in that respect.

There is, however, another mechanical consideration to be borne in mind. Acting from the pelvis as a fixed point or centre, the spinal column forms the radius of a circle. A very slight degree of deviation from the perpendicular near its pelvic extremity therefore means a very considerable deviation at its capital extremity. Hence as the maintenance of equilibrium is the first necessity, a very small lumbar curve will necessitate a large dorsal compensating curve. It is not strange that the comparatively trifling lumbar curve often goes unnoticed and that the large dorsal curve is the first to attract the attention of the mother or the dressmaker. In fact in the large majority of cases the mother does not detect the former, even when it has become aggravated, until the surgeon points it out to her.

I have said that under ordinary circumstances it is not conceivable that the use of the muscles which move the upper extremity should draw the spine towards the extremity. The extremity must of necessity be drawn towards the spine. We cannot attribute the dorsal curve to direct traction by those muscles, however excessively that may be developed. But there is an indirect action upon the equilibrium which must not be overlooked, and which will aid in the solution of our problem. Every time that we make a vigorous movement of the right arm, we instinctively throw our weight on to the left leg, with the double object of preserving the equilibrium and of obtaining a stronger *point d'appui* for the effort. The result of this constant use of the left leg as the antagonist of the right arm, is to make it the stronger of the two. We even find in a large proportion of individuals the left foot the larger. In this general disproportionate development of the muscles of the left leg, of course the pelvic spinal muscles share. If they are in a perfectly healthy condition however, their increased development does not induce abnormal contraction, and there is no disturbance of equilibrium. But if they are in a state of morbid irritability it is not difficult to understand that the excessive strain upon them may lead to

an abnormal contractility approaching tonic spasm.

I do not forget that when this subject was under discussion at the Washington meeting, Dr. Ketch made the statement that, in two hundred and twenty-nine cases of lateral curvature which he had analyzed, he had found forty occurring in boys. This fact, taken as it stands, is enough to point to some sexual influence as a strongly-pre-disposing cause, showing that only a little over seventeen per cent. of the cases were found in boys. But I strongly suspect that all forms of lateral deviation of the spine were included in this analysis, and that such as are dependent on rachitic degeneration, pulmonary or pleuritic inflammation, inequality in the length of the limbs, and accidents of various kinds, had been eliminated, the disproportion would have been greatly increased.

It is quite possible to conceive that sexual irritation arising from preputial malformation may produce in the male, during the period of awakening sexual energy, precisely the same disturbance of the pelvic ganglia that ovulation does in the female. We know how frequently both paralysis and spastic contractions can be traced to this cause.

Viewing the general question of the precedence of the curves from a clinical standpoint, I would request the members to note particularly in their cases, in the very earliest stages, whether with very slight dorsal curvature and rotation, they do not often observe quite marked distortion of both kinds in the lumbar region. Such has been my own experience, and it was that which led me to the line of thought which I have now hastily sketched.

HYPODERMIC TREATMENT OF ASTHMA.

BY WILLIAM S. HIGBEE, M. D.,
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Miss E. M., 25 years old, born in Ireland, dressmaker, contracted a severe cold at the age of thirteen, by bathing her feet in a cold stream of water while menstruating for the first time. She was confined to bed for nearly six months suffering with cough, shortness of breath and amenorrhœa. Her menses gradually reappeared, but remained scant and painful. Her asthma occurred frequently and continued until she was

eighteen years old, when, under the advice of her physician, she emigrated to America, where she seemed to improve for about two years. After this time, however, her health began to decline gradually, and the asthma returned with greater severity. She returned to Ireland, stayed there one month without relief and again came to this country, after which I saw her for the first time and treated her with indifferent success. Last January she had a severe attack of influenza, and, after convalescing from this, her asthma was decidedly worse. On June 9, 1890, she was bedfast, with her general health much impaired, and with marked loss of weight. Her appetite and digestion were poor, her pulse rapid and weak. There was no albumin in her urine. Loud sibilant râles were heard over the whole chest. Her family history shows that her father, sister and brother and her uncle and grandfather on her father's side were sufferers with asthma.

At this time I gave her morphia sulphate, $\frac{1}{4}$ of a grain, and atropia sulphate $\frac{1}{160}$ of a grain, and ten grains of antipyrin, with ten drops of tincture of nux vomica every four hours, with favorable results; but after giving her this treatment for four days I decided to place her on hypodermic injections of strychnine and atropine, as recommended by Dr. Thomas J. Mays, in the MEDICAL AND SURGICAL REPORTER, April 12, 1890. All other treatment was discontinued, and she received $\frac{1}{80}$ of a grain of strychnine, and $\frac{1}{160}$ of a grain of atropine every other day for two weeks. On account of the profound dryness produced by the atropine, even in small doses, it was then omitted, and the strychnine in the same doses was continued alone until October 1, since which time she has been taking $\frac{1}{80}$ of a grain of strychnine and two grains of Vallette's mass three times a day.

She has been free from asthma for three months, and has gradually but steadily improved. She weighs more than she ever did, and loses no sleep or rest at night; she has a good appetite, and is able again to attend to her business, which she had been forced to relinquish. By October 24, she had gained twenty-three pounds in weight.

—Japan is about to enter the field as a producer of indigo. The soil and climate of parts of the island are stated to be favorable to the cultivation of the shrub, and the Japanese Government favors its cultivation.

TONSILLITIS.¹

BY FRED. T. KIDDER,
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The tonsils are the two glands which occupy the excavation on each side of the base of the tongue, limited by the pillars of the fauces. They are oval-shaped bodies, and project into the isthmus of the fauces. They may vary greatly in size and still present no pathological changes. Their object seems to be to serve a double purpose. First, the numerous acinous glands, which make up the tonsil, secrete a clear viscid liquid which is destined to lubricate the food and to assist it in its passage through the pillars of the fauces and œsophagus to the stomach. The lacunæ always contain fluid which is poured forth by the contraction of the muscles of deglutition. Second, like the other ductless glands which they resemble, they modify some of the constituents of the blood, aid in the formation of the white corpuscles and contribute to the elaboration of the lymph.

Tonsillitis is an acute inflammation of the tonsil or tonsils which may be superficial or parenchymatous, and may terminate in resolution, suppuration, or chronic enlargement. I shall not speak of those conditions of the tonsil which are symptomatic of general disease, or erysipelas, the eruptive fevers, and traumatism, but simply of those varieties which are classed under the general head of acute tonsillitis, viz.: the erythematous, parenchymatous and follicular or lacunar. The disease is most common in early adult life and is not confined to either sex. Pale, lymphatic children are most apt to have inflammation of the tonsils and one or more attacks make the patient more liable to a recurrence of the inflammation. Cold and dampness, as well as an overheated and vitiated atmosphere together with septic influences, are among the most common of the exciting causes. The symptoms vary according to the form of the disease which is present, from the simple erythematous to the more alarming and painful follicular variety. The first indications of acute superficial or erythematous tonsillitis are a slight chill, with perhaps nausea and vomiting, and a slight elevation of temperature. After a few hours, the patient complains of a dryness about the throat, fol-

lowed by more or less pain and difficulty of deglutition. There is generally some cough and expectoration of a stringy mucus, which collects in the throat. The tongue is coated with a white fur, the bowels are constipated, and the breath foul. The breathing is rapid, and the temperature may rise to 102° or 103°. At this time the throat and tonsils will be found red and swollen, and at times may be covered with a grayish exudation. These cases last but a few days, and end in resolution; although after repeated attacks hypertrophy of the tonsils may result.

Parenchymatous tonsillitis, or inflammation of the substance of the tonsil, is in its initiatory stages similar to the erythematous variety, and may appear to be nothing but that at first. After a few days, however, the symptoms increase instead of decreasing in severity, and one of the tonsils begins to increase in size, and becomes much more painful; the swelling extends to the adjacent parts, so that swallowing is almost impossible; and the voice becomes nasal in character or is reduced to a whisper. The inflammation may involve the Eustachian tube, producing pain in the ear, and occasionally acute suppuration of the middle ear. If the disease goes on to suppuration, all the symptoms increase until the abscess either is opened or opens itself. In early life the formation of an abscess is uncommon, and the disease generally ends in resolution.

In follicular, or as it is more properly called, lacunar tonsillitis, the inflammatory process is located in the crypts of the tonsil; a soft cheesy deposit being poured out from the follicles, and forming a number of small patches corresponding with the number of crypts affected. The clinical importance of this variety is considerable; and it is of this that I wish to speak more in detail.

The symptoms from the beginning are much more severe, and it generally runs a more protracted course. Beginning with a chill and all the active symptoms of an acute inflammation, the temperature rapidly rises to 103° or 104°, with a pulse to correspond. The throat has first a feeling of dryness and then grows rapidly worse; the tonsils become inflamed and greatly swollen, and in a few hours are covered with a membrane-like deposit, formed from the secretion of the follicles of the organ. After a variable period of from ten to fourteen days, the symptoms begin to subside, leaving, however, a notable degree of general depression

¹ Read before the Vermont Medical Society.

of the system for many days, as great as many times follows diphtheria; together with paralysis of the soft palate and pharynx. The main source of anxiety in the diagnosis, in the early stages of the disease, is the danger of confounding it with diphtheria, which from the severity and character of the symptoms it strongly resembles. I have no doubt many cases of so-called diphtheria are nothing more or less than lacunar tonsillitis.

Usually the disease can be distinguished from diphtheria by the character of the deposit on the tonsil, which in tonsillitis is easily removable with a brush, and no ulceration is found beneath it; while in diphtheria the deposit in the throat is more in the form of a membrane of a leathery appearance, is more tenacious, and on removal leaves a raw and inflamed spot behind it. But in those unusually severe cases where there is a doubt as to the character of the deposit, if on removal it returns in the course of twelve hours with all its original characteristics, the disease is undoubtedly true diphtheria. In tonsillitis also the membrane is confined to the surface of the tonsil, while in diphtheria it is rare not to see patches on other parts of the throat at the same time. One other, and perhaps the chief, reason for confounding the two diseases is the evident lack of belief in the contagiousness of lacunar tonsillitis.

In the summer of 1886 my attention was called to the fact that it might be contagious, since which time, from the few cases that have come under my observation, my belief in the septic origin of many cases of it has been strengthened. In August, 1886, I was called to see a man suffering with a well-marked attack of lacunar tonsillitis, which ran its usual course and was not very severe. He lived on a farm, with good drainage about the home and good sanitary surroundings. At this time I had never had the slightest trouble with my throat and was in a perfectly healthy condition so far as I know. In nine days I began to feel that something was the matter with me, and especially with my throat. The following day I had a distinct chill, followed by a rapid rise in temperature and fast increasing soreness of the throat, which developed into follicular tonsillitis, so that I was confined to the house about ten days.

In January, 1887, I was called to see a child who was a member of a family consisting of seven persons. I found the child

sick with tonsillitis, and the next day a second child came down with the same disease. Upon inquiry I found that an aunt who lived in the family had been sick about ten days before, with what she termed a sore throat, which the mother said had just the same appearance as the throats of the children. In about ten days from the time these two were taken sick, three more came down with the same disease, making six out of the family of seven that suffered from tonsillitis. This was a well-to-do family, and the drainage and sanitary condition of the house were as good as they could be in a country village. I did not see another case of the disease until the following winter, when I again contracted it myself, coming down in about the same time and in the same manner as before.

Last winter I had three cases, two of the patients being mother and son, and the third a young lady who called to see them while they were sick. She was taken sick in seven or eight days from the time she made the call.

Dr. Beverly Robinson says in regard to tonsillitis: "While it is true that many cases of follicular tonsillitis cannot be definitely and distinctly traced to a septic cause, I am more and more convinced that the influence which underlies such evident derangement of the *prima via*, accompanied by chills and anorexia, is due to specific germs or entities present in the body. If we do not find them, I prefer to think that our means of research are not capable of demonstrating them. . . . The resemblance between the symptoms of this disease and those of other diseases, whose pathogenic micro-organism is known, leads me to conclude from analogy that a more or less similar germ is present here also."

I am well aware that tonsillitis in any form has not been generally classed among the contagious diseases; and I have been unable to find any record of cases kept for the purpose of establishing or denying the fact of its being caused by a specific germ, or any suggestion that such might be the case, except in Keating's *Cyclopedia of Diseases of Children*, in an article by Dr. Robinson, part of which I have quoted. Of course we cannot reason from the particular to the general, and the few cases that I have been able to collect do not by any means establish the fact, nor do they go far to prove the contagiousness of tonsillitis. It is true there might have been no contagion about these few cases, and they may have

happened to appear in such regular order from being produced in one by the same cause that produced it in the other; nevertheless in these days when a germ is found for so many diseases that were formerly classed as non-contagious, why is it not possible and even probable that tonsillitis may have a microbe of its own which is capable of being transmitted from one person to another under favorable conditions?

In regard to the treatment I will say a few words. Guaiac is the best remedy, recommended to abort an attack. I have used it with good results in erythematous tonsillitis, but have never been able to abort an attack of follicular tonsillitis by its use. In any case it must be given in the earliest stages of the disease. Tincture of iron is probably used more than any other one remedy. I give it with glycerine—two drachms of iron in two ounces of glycerine, giving a teaspoonful every two hours. I have thought the effect was better in combination with glycerine than by any other mode of administering it. I am not a believer in gargles of any kind; for the reason that the irritation from using the muscles of the throat, as is necessary in gargling, is a disadvantage which more than counterbalances the advantage gained from the remedies. Sprays and inhalations of steam give some relief and are of decided benefit. Whether they tend to cut short the attack or not, they certainly are comforting to the patient. In a severe case sedatives are required, to give needed rest, and they should be administered. Particular symptoms should be treated as each case requires; and one has the satisfaction of feeling that with proper care the patient can be made fairly comfortable and recovery is almost sure to follow.

NECROSIS OF PART OF THE ALVEOLAR PROCESS.

BY C. H. M. NEALL, M. D., D. D. S.,
PHILADELPHIA.

A gentleman called at my office on June 11, 1890, suffering with aching in the three teeth on the left side of the lower jaw—the central, lateral and cuspidate teeth—all of which were badly decayed. In connection with this there was an abscess situated anterior to the teeth and pus was exuding therefrom. I extracted the decayed teeth, and also opened the abscess freely and scraped the

cavity, treating it with carbolic acid twenty drops to the ounce, and instructed the patient to syringe out the cavity with the same solution after each meal; so that no food might collect and set up more inflammation. He returned to my office the next day, saying that he was unable to sleep, and his mouth was giving him a great deal of pain. I examined it, and found pus exuding from the cavity, and also a loosening to a certain extent of the first bicuspid. I carried out the same plan of treatment that I did at first. On the 16th of June he returned to my office, and upon examination I found pus also exuding from the cavity; and this time I syringed the cavity out with a 1:1,000 solution of corrosive sublimate. On the 24th he returned, and I cut down through the gums and detached a piece of necrosed bone, extending from the central to the cuspidate in length, and from the alveolar border to its attachment to the lower jaw in width. The hemorrhage was quite profuse, for a very short time; and the odor was very offensive. I syringed out the cavity with the 1:1,000 solution mentioned before, and plugged it with cotton when I removed the bone and directed the patient to remove the plug often during the day and to syringe out the cavity himself. On July 5, he returned to my office, everything doing nicely. The tooth that was loose had become firm, and the parts were closing up.

REPORTS OF CLINICS.

BUFFALO GENERAL HOSPITAL.

ORTHOPEDIC CLINIC.—DR. BARTOW.

Potts' Disease.

This girl, ten years old, had Potts' disease, with beginning kyphosis of the dorsal region. Dr. Bartow said that it is important to recognize this disease at an early stage, in order to institute immediate treatment and to prevent angular deformity. At times it is impossible to diagnose between Potts' disease at an early stage and scoliosis, both presenting rotary-lateral curvature; and in such cases it is better to treat by fixation, on the hypothesis that Potts' disease exists.

The child was suspended by the chin, occiput and axillæ, and a sleeveless undergarment was put on, a pad of gauze was

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placed over the kyphosis and a thin dinner-pad was applied, and then the plaster jacket was put on, extending from the axillæ to the trochanters.

SURGICAL CLINIC.—DR. PHELPS.

Fistula in Ano.

The second case was one of fistula in ano, in which the fistula was divided on a director and the wound was packed with iodoform gauze.

Abdominal Abscess.

The next case was one in which Dr. Phelps had opened an immense abscess in the region of the cæcum two weeks before. It had been treated on the assumption that it was a perityphlitic abscess, but it had not done as well as he would have liked. The evening temperature on the day before the clinic was almost 102° . There was an immense amount of pus running from the cavity, and even by washing it out twice a day, it could not be kept clean. The pus looked very creamy, as if it might have come from diseased bone somewhere; but on examination the fascia over the psoas was found intact; so that theory had to be abandoned. A counter-opening was made posteriorly and a drainage-tube was drawn through.

Sacro-iliac Arthritis.

The next patient was a girl, seventeen years old, who came into the hospital four weeks previously to the clinic, complaining of severe pain about the hip, with a temperature of 103° , and it occurred to Dr. Phelps that there was hip-joint disease. Pressure on both trochanters as well as on the knees gave pain, and the crease in the upper part of the thigh was apparently less on one side. There was also pain on pressure over the joint in front. The girl was put to bed and extension applied and she had improved very much. She had no fever when shown in the clinic, and there was no pain from pressure on the knee. Dr. Phelps said that Dr. Bartow thought the trouble was in the sacro-iliac joint, and that he had a method of applying a plaster of Paris spica, thereby securing fixation without the weight and pulley, and while the patient was going out of doors.

At the request of Dr. Phelps Dr. Bartow addressed the class. He spoke as follows: "I have not seen this case before. Although the long-continued treatment would tend to

relieve the spasm of the joint, it would seem that if there was inflammation of the capsule or tissues about the hip-joint, it would be impossible to draw up the knee as freely as I do now. Pressing the head of the femur inward against the acetabulum is not very painful, all the pain being referred to the sacro-iliac articulation. Pressure over the sacro-iliac joint causes pain as does indirect pressure brought to bear by expansion of the ilia. Pulling on the limb hurt her before, but it does not now. She has had no pain referred to the knee. For these reasons I think the lesion is in the sacro-iliac joint. The treatment is, first, to suspend the patient to get rid of voluntary malposition, leaving simply the reflex, spasmodic malposition. I then apply a spica, using only the weight of the limb as extension, a high shoe being placed on the other foot. The patient will be directed to go about on crutches. After four to six weeks, the bandage is removed, and I often find the deformity almost entirely gone."

The spica was then applied according to the method indicated. The plaster of Paris bandages began at the trochanter and they were continued up well above the pelvis and down to a point two inches below the knee. Three steel strips were included in the bandages on the outer side of the hip and thigh.

SPECIAL CORRESPONDENCE.

LETTER FROM NEW YORK.

Revival of Activity.—*The Academy and the Medical Societies.*—*Skin Grafting by New Methods.*—*New York and Her Neighbors.*—*The Death-rate and the Census.*—*Physicians and Good Government.*

Life is again reviving in medical circles after the quiet of the summer. Many of our physicians spent the summer in Europe, the principal attraction being the International Medical Congress at Berlin. The attendance at the Academy of Medicine at its first meeting in the new building, West Forty-third street, October 2, was large. Dr. Loomis presided, and said the formal opening would take place November 20. The building has fifty feet frontage, and presents rather an imposing appearance. There seems to be room enough within to meet every demand of the medical societies in New York for some years to come. It is

not certain, however, whether the Academy and its sections will absorb most of the other societies, or whether the other societies will consent to hold their meetings in the rooms of the Academy, paying therefor a moderate rental. Some might fear that the importance of the independent societies would be overshadowed by the Academy if the meetings were held in that building. Besides, there is a social feature which would seem to be better met in special societies, such as the practitioners, medical and surgical, clinical, etc., by holding the meetings, as in the past, at the private residence of the members, a collation being served after the scientific proceedings. The new hall of the Academy, however, has every accommodation for societies which may wish to make it their home. A finer neighborhood could not be found. On each side and in front magnificent buildings are being erected, one for the Century Club, one for the Racket Club and one a hotel.

At the meeting referred to, Dr. Charles McBurney read a paper on skin grafting after the method of Thiersch, and cited twenty-five cases of extensive ulcers, burns and open surfaces in which he had practiced it with almost uniform success. He made the grafts as thin as possible, taken usually from the thigh, an inch wide by four or five long. The raw surfaces, however large, had usually been covered by skin in less than a month. The cases included epithelioma, cancer of the female breast where the flap could not be made to cover the entire gap, old ulcers of the leg, burns, etc.

Dr. Prince A. Morrow brought out an interesting modification of skin grafting. A man had sustained a burn on the head when a child, but was little annoyed by the resulting scar until recent years, when the surrounding hair began to fall out. He then became somewhat hypochondriac over his appearance, and Dr. Morrow determined to try an experiment for his relief. With the cutaneous spoon-trephine he took buttons from the sound scalp on the opposite side, going through not only derma but also subcutaneous tissue, including the hair follicles, and transplanting four of these immediately into holes of the same size made with the same instrument in the cicatricial tissue. He was gratified to learn that they united within a week, and after several weeks hair grew. Like success in this case attended the transplantation of grafts from another person. The method opened up a new field.

It would be applicable, he thought, in the removal of moles from the face which people carried through fear a scar might remain if they were excised.

New Yorkers seem a little jealous for the reputation their city has had of being the metropolis of the country, and notwithstanding they have a good deal to say about how foolish some poor people are in remaining in so crowded a place when there is plenty of room in the West, yet they are anxious to have the Census Bureau give them credit for all the inhabitants present. The truth would seem to be that our citizens are awaking to the need of doing something to prevent our commercial supremacy from slipping away, and probably nothing has done more to impress this need upon them than the growing importance of the West, brought out more prominently by the influence of Chicago in the World's Fair matter. Spurred probably by these reflections and others, a commission appointed by the Legislature is holding sessions on the advisability of uniting to New York Brooklyn, with a population of over eight hundred thousand, Long Island City, with a population of thirty thousand, New Rochelle, etc., to the north, and Staten Island to the south. For commercial reasons (the bridging and tunneling of the rivers, etc.) this would doubtless be very desirable, but there are sanitary reasons as well. Long Island City, for instance, separated from the middle and upper part of New York by the East River, only half a mile wide, remains largely vacant ground, for the reason, doubtless, that it has the reputation, only partly deserved, of being a place of misrule, bad smells from oil works and swamp meadows. Improvements by bridges, tunnels, etc., made on a scale becoming a great united city, would make of this a most accessible and healthful place for business and residence.

Under the pretext of appearing to have a larger death-rate per thousand than is the fact because of the under-estimate of our population by the superintendent of the census, the Board of Health and city authorities have instituted a recounting. It is believed the population is over eighteen hundred thousand, instead of sixteen hundred and odd thousands as made out by Mr. Porter. But however great the population may be, until recently it could not compete for magnitude with the filth of the streets. I say until recently, for during the past two or three months the politicians have been

spurred, by the prick of the public press and the fear of a proposed independent citizens' movement, to expend a part of the immense appropriation for street cleaning in really cleaning the streets. But this is not likely, judging from past history, to continue longer than the fall elections.

One improvement which cannot be too highly estimated is the paving of a number of the cross streets, and Madison and Lexington avenues, with asphalt. It is said there has been a great steal back of it, but the citizens have something of real value to show for the theft, which cannot be said for all the frauds perpetrated by the politicians.

Speaking about the independent citizens' movement for better local government, I saw the names of a number of prominent physicians in the list of delegates to the recent convention, among them being Dr. Loomis, Dr. A. Jacobi and Dr. Landon Carter Gray whose head is said to be the highest of any physician's in the city considering that it is also an extremely large one in circumference, measuring nearly twenty-four inches. The movement is an earnest one, and, with such an amount of brains back of it, will commit no folly. The question of whether candidates will be placed in the field will, probably, depend upon the character of the nominations by the old parties, especially Tammany Hall. It is believed, at any rate, that the Australian system of voting and some other facts are conspiring to bring about some needed reforms in this city, which will make it healthier and more desirable as a place of residence as well as increase its commercial importance. One of the most pressing needs has been fulfilled since the opening of the new Croton aqueduct, by which we are now able to get water even on the top floors of nearly all buildings.

R. C. S.

NEW YORK STATE MEDICAL ASSOCIATION; SEVENTH ANNUAL MEETING.

The seventh annual meeting of the New York State Medical Association was held October 22-24, in Mott Memorial Hall, New York City, a building which the Association has recently acquired as a permanent home for its meetings and library.

The Secretary, Dr. E. D. Ferguson, in his annual report, made pointed reference

to the action of Governor Hill in respect to the New York State Medical Examination Bill. The speaker represented the bill as having been rushed through at the end of the session. When it became generally known that it had passed, contrary to all expectation, hundreds of telegrams, and every form of remonstrance was brought to bear upon the Governor to stay his signature upon the ground that the bill was unjust and one-sided. The Governor had replied that he must assume the bill had been well considered in committee and that if the doctors did not like it they could send up another in a modified form next year.

The President, in his address, dealing with the question of medical education, said that while upholding the principle that medical colleges should demand proof of adequate preliminary education from would-be students, he was not prepared to say that the possession of academic degrees should be made a *sine qua non* of qualification to commence the study of medicine. He did not believe that the colleges of this country were below par, indeed there was every evidence of a steady raising of the standard of excellence in the educational material. The fault had been, and still remained, that colleges had opened their doors to inadequately prepared students. In speaking of the medical press of the country, he said it had assumed a proportion and weight of character unequalled in any other branch of literary science or art. To-day a subscription to a reliable medical journal was an investment which would repay with interest many times compounded.

Dr. A. P. Dudley, of New York, in a paper on the Surgical Treatment of Recto-displacements of the Uterus, described a method which he has recently carried out, and so far with excellent results, in four cases. He detailed the steps of his operation upon a case in which there was cystic degeneration of the ovaries. Briefly stated, his method is to open the abdomen, draw out a tube and ovary, puncture and squeeze out the cysts and allow the sacs to fill with first blood. Each ovary, if both are cystic, being so treated, they are dropped back. The uterus, being then drawn well forward, is denuded of its peritoneal covering on its anterior surface, the denuded area being oval. Then each round ligament is brought up and freshened to correspond. With a continuous suture of catgut the denuded surfaces are sewed together and the uterus is then dropped back.

Traction on the round ligaments now restores the organ to a position of anteversion. Dr. Dudley claims that the malposition is rectified without sacrifice of any of the structures, and that the result is accomplished without fastening the organ to the anterior abdominal wall, only its natural supports being used. No interference with the bladder need be feared, and in case of impregnation the uterus would be free to lift in the abdominal cavity. The tapping of the ovaries had caused no trouble and when it could be demonstrated that the tubes were pervious, he thought that the ovaries—now too often sacrificed—might in many instances be saved.

A long discussion on intra-cranial lesions served to demonstrate the fact that while the interest in the question of cerebral topography, with indications for operative treatment, and on the technique of operation is unabated, very little new ground has been broken of late.

Dr. C. K. Mills, of Pennsylvania, thought that the causes of failures and sources of error in dealing with the lesions resulted often from giving undue weight to a class of symptoms which were regarded as determinative of the site of the lesion. The motor signal symptom has been made use of on a large scale, but was often quite misleading. In every unilateral or mono-spasm, whether reflex, dural, nephritic, toxic or hysterical, the spasm really or apparently began with an initial symptom in the limb or face. This might indicate that the beginning of the cerebral discharge occurred in the area of the cortex, which was the seat of the representation of the movements, but it would be unwise to operate with such indications. Occasional conjugate deviations of the eyes and hand had been used as a guide. This was an error into which a thoughtless or ill-informed neurologist might lead the surgeon. The motor symptoms were often only the result of a diffusion of the lesion to the motor areas. In not a few cases of cerebral abscess, sensory or special symptoms might indicate the need of interference, but might not point to the proper site for the operation. All active localized symptoms of the brain, the result of mastoid, or aural disease, unless it was word-definite and left-sided affections, were the result of purulent processes. It was an error in the majority of cases to operate guided by localizing phenomena. In most of the spastic and paralytic congenital and early infantile

affections. The greatest success so far seemed to have attended trephining for endocranial hemorrhages.

Dr. J. D. Bryant thought that a small and presumptively circumscribed injury of the brain substance at the upper end of the fissure of Rolando might incite an advancing cerebral disintegration, sufficient to involve the motor centres associated with this fissure without causing notable constitutional symptoms. Aspiration of the brain as a means of diagnosing the existence or situation of an abscess, he regarded as a measure of uncertain utility. He thought extensive fissure could begin at some distance from the point of violence causing it, and that its existence might remain unrecognized without an extended exploration. Extensive and fatal vascular complications might be caused at a considerable distance from the seat of an apparently innocent injury of the scalp or skull. When paralysis involving the motor area of the brain, followed a seeming trivial injury of the head, an operation at the seat of the injury was indicated for the purpose of exploration alone, but removal of a compressed brain clot was not necessarily followed by improvement in the symptoms of compression. If the brain did not soon resume its normal relations with the skull death would ensue.

Dr. W. W. Keen, thought that if a lesion could be located and differentiated from other conditions which might produce more or less similar phenomena, and the general indications were such as pointed to the necessity for interference, then the head should be opened. The head had too long been regarded as something apart and different from other portions of the body. He would urge that it should fall into line with other cavities of the body, subject, as it was, to the same diseases and injuries. The treatment might be modified in detail, but should be the same in principle.

An entire session was devoted to a discussion on obstetrics, every point of debatable ground being covered during discussion. Every phase of theory and practice as to the management of the parturient period, obsolete and advanced, found some advocate whose alleged experience seemed to entitle his opinions to unqualified respect to the exclusion of each of the others.

Dr. G. T. Harrison, of New York county, thought that the internal examination of the lying-in woman might be very well dispensed with, or compensated for by external

methods. The same speaker thought that auto-infection, by streptococci invasion of the natural genital secretions, impossible. Vaginal douches should not be given before, during or after the birth. He would employ no manipulative procedures in dealing with the placenta as a whole, though he thought such might be employed with reference to retained portions of decidua. In the same paper this speaker emphasized the importance of ocular confirmation that there was no tear.

Obstetricians of such recognized experience as Dr. S. B. Wylie McLeod and Dr. Darwin Colvin held views and had experiences diametrically opposed as to the removal of, or non-interference with, the placenta after the second stage in abortion. The former had never seen a death from sepsis traceable to retained secundines, while fifty years out of the professional life of the latter observer had been embittered by a fatality, the direct result of failure to carry out what was now his rule, never to leave the parturient chamber until the entire placenta was in his hands.

Dr. W. McCollom thought that between two extremes there was always a golden mean. He would therefore suggest that all medical students should be instructed that, when, in practice, they were called to a case of obstetrics, they should first take a Russian bath, have their hair cut and shampooed and buy a new suit of clothes. On entering the lying-in chamber the physician should, if he had touched the door knob, plunge his hands into a strong solution of carbolic acid or bichloride. Then he should have a steam atomizer casting a spray that would act like a Gatling gun on any bacilli which might have come in out of curiosity or with fiendish intent. The bacteria must then be dug from the finger nails and thrown into the fire. Then after again washing his hands in bichloride this chemically pure accoucheur might make an examination as soon as the lady said the child was coming. The lady should have a constant stream of bichloride thrown on to the genitals or have the nates immersed in a tub, fitted to the bed, full of the same material. If the child, when born, should happen to swallow any of the fluid it might serve to destroy any bacilli of which it might have inadvertently partaken in utero. Of course no competent practitioner would allow the child to drown in the tub. Breach presentations require special care and a sterilized cork should

be adjusted within the sphincter and to prevent the meconii-cocci from escaping too soon. On delivery a bichloride pad should be placed to the genitals and hermetically sealed, and not be removed unless under light antiseptic precautions. The speaker, whose remarks were received with roars of laughter, then said his hearers might perhaps think him frivolous, but he had listened to almost as ridiculous instructions from the highest authorities. As a matter of serious fact, let it be an invariable rule to have the *entourage* of the patient as clean as possible. This was the best safeguard against sepsis in whatever complications might arise.

The miscellaneous papers recited little that was new and much that was very old. Dr. H. O. Jewett, of Cortland county, N. Y., made a trite but rhetorical appeal for the more general recognition of phlebotomy as a therapeutic measure.

Dr. Stephen Smith, of New York, the newly-elected President of the Association, read a fine historical paper on the ligature of arteries, developing the statistical fact that American surgeons had been prominent, and in some instances pioneers, in the bolder and most surgically-difficult ligaturing of the larger arterial trunks for the cure of aneurisms.

The *vexata questio* of hypnotism was ably spoken to by Dr. E. Shmid, who dealt with its practical utility in certain diseased conditions. Dr. Dudley recalled the case of a young lady with a bad cough, which nothing could allay. It was at length determined to play upon her religious sympathies. Holy water was prescribed, or what she was told was holy water, a teaspoonful every half hour, and a speedy cure effected. He had just learned from the scientific exposition by Dr. Shmid that this was hypnotism. He often gave water instead of morphine and it did just as well. He was quite prepared to admit that these were mental conditions beyond the control of the patient.

—Women druggists seem to be very few, considering the extent to which members of the sex have engaged in other professions. A Chicago druggist, recently interviewed, knows of but three in that city. One of these is a woman who has charge of the store owned by her husband. He says he does not know why there are not more women in the drug business. It seems that there is a field for them here.

PERISCOPE.

College Athletics.

Professor W. M. Sloane, in *Harper's Magazine* for November, says: The subject of athletics as a permanent element in school and university life should be viewed from several aspects. The first one is trite enough: that, as patriots and educators, college managers are bound to provide physical education as well as moral and mental. This is admitted on all hands; the question is how to reach the result. Some would have military drill, discipline, and uniforms, with an instructor from the officers of the regular army, as provided gratis by the general government. Others would take the dimensions of every limb, the proportions of the body, and auscultate for every defect in lungs and heart, and then, under medical supervision, provide the apparatus needed to expand the chest, or draw down a shoulder, or decrease the waist and send the young Apollo with his perfect proportions and graceful walk on his journey through the world. A third method is to provide a free gymnasium, also with a competent instructor, leaving its use in preparation for sports of various sorts to the option of those who engage in them, or wish to, and provide a stimulus for the largest possible number to use it by the development of the glorious and exhilarating out-door games—base-ball, foot-ball, lacrosse and rowing—in the management of the students themselves.

It is clear that the first of those propositions would add a new study to the student's already overburdened course, and emphasize unduly the military conception of life in our civil institutions. The second must go down under the simple consideration that it makes work out of play, and like the former destroys all spontaneity and initiative on the part of the student. If military drill and gymnastic exercises are really a portion of a liberal education, make them so openly, incorporate them in your scheme, but still leave time for recreation. The third one, therefore, is the correct conception. We firmly believe in the value of physical training, but athletics is quite another thing, for it includes the moral element in the conduct of sport, which is second to no other.

The time of college years is too precious to be devoted to the work of mere physical training. Yet recreation is essential. When

young men, therefore, play from the love of it, they get both. And, as intercollegiate sports were managed for many years, they get far more, namely, the experience of large enterprises; the character of generous submission to defeat, with perseverance to begin all over and try again; and self-restraint, with courtesy to the weaker, in victory. This was so when out-door sports were conducted for the sake of sport, as they once were, and will be again when the true bearings of harmonious co-operation and pluck upon winning shall be rediscovered. It is certain that in the intense rivalry of such contests victory will go only where fine traditions are guarded, and spirit perpetuated by the active interest of every man according to his powers. Any indoor recreation or exercise, while it has its place, is, after all, a poor shift for out-door sport. It is a serious truth that other nations wonder at the proud position of the Anglo-Saxon race, and that they attribute the fine ripe qualities of maturer life to the beginnings born on playing fields and matured in the seriousness of conflict. These mimic battle-fields demand the same qualities as real ones, and no great game is won without the moral support of the non-combatants. Union, organization, enthusiasm, pluck, high principle—every one of them is as much the price of athletic as of martial victory. It is humiliating, when we have the precious possession of taste and power in such a matter, to find it belittled and discouraged in so many ways. Instead of being grateful for the Spartan element in the training of its youth, America is either ignorant of its value or opposed to its exercise entirely.

Sexual Life of Women after Castration.

Dr. F. Keppler, of Venice, presented a paper at the Medical Congress at Berlin, embodying the results of a study he had made in the cases of ovariectomy performed by him. As reported in the *Medical Record*, September 20, 1890, he has performed castration of women 46 times, obtaining a cure in 39. These operations were performed for the relief of purulent or gonorrhoeal salpingitis, oöphoritis, fibroid tumors of the uterus, etc. The following were his conclusions, derived from a study of the physiological consequences of these operations: 1. When the operation was performed on account of sal-

pingitis or other inflammatory process, uterine hemorrhage never occurred subsequently. 2. The conjugata become gradually shortened, and this was the more marked, the younger the individual was when operated upon. 3. The uterus became atrophied, the vagina grew shorter and narrower, its mucous membrane became paler, and the labia majora were somewhat thinned. 4. The breasts grew smaller, acquiring a strong resemblance to the male mammæ. 5. The brown pigmentation of the nipple, areola, perineum, and anus disappeared wholly, as did also pathological pigmentation existing in some of the cases; the hair also turned white. 6. The tendency to embonpoint, which is generally believed to exist after these operations, was not observed by the author. 7. No changes were observed as regards the growth of the hair or the tone of the voice. 8. The sexual desire remained, and was the more pronounced the earlier in life the operation was performed. 9. The operation offers no impediment to marriage; three of the author's cases had married and had lived happily with their husbands for years. 10. A marriage with a castrated woman is the ideal Malthusian marriage, and the only way the Malthusian idea can be carried out without endangering the health and happiness of the woman. 11. In the cases operated upon in early life for inflammatory conditions, no neuroses were seen to develop, which was not the case when women were operated upon late in life for fibroid tumors of the uterus. 12. A favorable influence upon the hemorrhage was observed after operations for myoma, yet in no case did the menopause at once set in. 13. In cases of operation for uterine fibroma, the patients, even those in full maturity, lost all sexual inclination after the operation.

Brain Surgery.

In a paper on Surgery of the Ventricles, read at Berlin by Dr. W. W. Keen, of Philadelphia, *Medical Record*, Sept. 20, 1890, he concluded that injuries involving the ventricles, the result of a compound fracture or of trephining, and involving great disturbance of the cerebral substance, are not necessarily fatal; for ten of the twenty-six cases he reported had recovered. In these cases compound fractures and extensive injuries seemed to be less dangerous

than rupture of the ventricle from simple fracture. Dr. Keen said they should be treated antiseptically in precisely the same manner as are wounds in other parts of the body. If pus forms, or the cerebro-spinal fluid becomes dammed up, causing symptoms of pressure, incision and free drainage should be resorted to.

In cases of simple fracture involving the ventricles, Dr. Keen thinks it wise not to attempt any operative procedure unless threatening symptoms supervene. If necessary to interfere, he recommends that the cyst containing cerebro-spinal fluid should be continuously and slowly drained with a small bundle of horse-hairs, rather than by free evacuation. He believes in the majority of cases constant pressure and little active treatment would meet such symptoms as might arise. Possibly slight pressure would be all the treatment that would be necessary.

Abscess of the brain bursting into the lateral ventricle has been thus far uniformly fatal, and demands the promptest treatment possible. He thinks bilateral trephining and irrigation of the ventricles can do no harm, although the possibility of its doing any good is but slight.

Surgical procedures for tapping the ventricles for hydrocephalus are easy, and do not involve great danger. Whether or not they will cure the disease is not yet settled. In acute effusions tapping, with or without drainage, will save some lives otherwise doomed to be lost; and in the chronic form, long continued slow drainage at an early period is worthy of a trial, and offers a reasonable hope of success in a few cases.

After trephining and tapping of the ventricles, irrigation of the ventricular cavities from side to side is not only possible, but does no harm. In abscesses involving the ventricle, and possibly in other conditions, it may do good. The fluid used for such irrigation should not contain anything which, if retained and absorbed, might do harm. An artificial cerebro-spinal fluid, or a simple boric acid solution, seems to Dr. Keen to be the best for such use.

Convulsions, due to too rapid withdrawal of cerebro-spinal fluid, may be checked by the injection of an artificial cerebro-spinal fluid. In either irrigation or injection of the ventricles it is desirable that air should not enter; but air does not seem to do any harm.

In hemorrhage into the lateral ventricles, at least of a traumatic origin, Dr. Keen thinks that immediate trephining and evac-

uation of the clot should be done, and that in some cases this will probably be followed by a cure.

Oxaluria and Oxalemia.

It is a question whether the more or less constant presence of an excess of oxalates in the urine constitutes a disease *per se* or is but a symptom of some more remote condition. In the absence of a known cause we may apply to the manifestation the qualification idiopathic, just as in the present state of knowledge we do with regard to anemia and epilepsy. In the *Münchener Medizinische Wochenschrift*, August 26, 1890, Dr. Neidert refers to two cases, reporting one in detail, the symptoms of which he associates with the existing oxaluria and, to use his designation, oxalemia. In both cases one of the parents was diabetic. The nervous symptoms were the most prominent. There occurred paroxysms attended with severe cardiac palpitation—especially at night, a distressing sense of oppression and asthmatic seizures. Restlessness was marked. There was tremor, choreiform movements, and a staggering gait. Nervous dyspepsia made an additional complication. An attack of syncope was followed by increase of already excessive thirst, and by failure of appetite. Frequent examinations of the urine, which was passed in large amounts, failed to reveal the presence of sugar; but oxalate of lime was found in amounts out of all proportion to the amount and kind of food taken. There was loss of flesh and strength. Investigation permitted the exclusion of acute or chronic disease of the stomach.

The view of Neidert is that in oxalemia there is an abnormal production of oxalic acid from the tissues of the body, owing to alterations in the central nervous system. In connection with the influence of heredity, he believes, in his case at least, that the oxaluria is only a preliminary stage of a diabetes.

Secretion of Milk in the New-Born.

P. G. Variot made some remarks on this subject before the *Société médicale des Hôpitaux de Paris*, July 25, 1890. He is convinced that it is not in the first days which follow birth that the secretion of milk is most abundant, but generally on the eighth or twelfth or even the fifteenth day. At this time the glands jut out like two small

watch-glasses applied to the chest, and, when the milk has not been evacuated, the mammary region is raised, forming a small, round tumor the size of a hazel-nut. The skin covering the gland is often reddened. Palpation gives a sensation of puffiness. Pressure to squeeze out the milk is painful, as it would be in a wet-nurse with engorged breasts. It is known, he says, that the development of abscess of the breast in the new-born is by no means less frequent than in a woman who is nursing, and that in each case a good way to prevent it is to empty the milk ducts. [A dangerous suggestion.—ED. REPORTER.]

On compressing the gland slightly when the secretion of milk has been well established, that is to say at from the eighth to the fifteenth day after birth, it is not rare to squeeze out two or three cubic centimeters of a liquid which presents all the external characteristics of milk. Chemical analyses made at the instance of Gübler have finally proved that the milk of the new-born contains all the principles essential to the milk of an adult woman—in proportion a little less and a little variable, it is true. This agrees substantially with the analyses which he had made by Lecocq. Thirty-two children, girls and boys, varying in ages from three days to nine months, were examined for the presence of milk. It was present in all but six, of course varying in character and amount. He concludes, therefore, that this function in new-born children is a constant occurrence, though it is only temporary in duration. Emaciation, and even extreme cachexia, do not not appear to exert any checking influence upon it, as these conditions are well known to do in women.

Retarded Syphilis.

Dr. Brocq writes to the *Journal of Cutaneous Genito-Urinary Diseases*, September, 1890, that Dr. E. Besnier has insisted quite recently in his clinics upon a fact quite common but of great practical importance. Recently a young man presented himself for consultation at the hospital with an indurated lesion of the lip having all the characters of syphilitic chancre, accompanied with a retro-maxillary adenopathy, which confirmed the diagnosis. Nevertheless, the patient would not admit that he could be syphilitic; for he contended that he had not been exposed to any contamination. The treatment was postponed in order to convince

him by the appearance of secondary phenomena. At the end of three months' observation nothing had been developed.

The conduct of such a case is most delicate. A diagnosis of syphilis seems indubitable, and we know that sometimes roseola may not manifest itself until quite late; it may be retarded until the sixth month, as Ricord has demonstrated. We know also that a chancre having all the characters of a syphilitic chancre may never be followed by general accidents. Should we nevertheless institute specific treatment, or await the development of other symptoms denoting a general infection of the economy? Dr. Besnier believes that this latter practice should be adopted only in the presence of really doubtful cases.

The Bites of Spiders.

A good deal of doubt exists as to the possibility of the bite of the spider determining in a fatal result, although plenty of alleged cases are on record in ancient literature. Several more recent cases have been published at different times in *Insect Life*, a monthly periodical published by the Entomological Service of the United States. Most of these cases are ascribed to the *latrodectus mactans*, an American spider, bearing a strong resemblance with the *latrodectus magnignatus*, or genus met with in Southern Europe, and particularly in Corsica, where it has been accused of inflicting fatal injuries. In the first of the cases quoted in *Insect Life*, death is alleged to have taken place in fourteen hours, the victim being a man in perfect health. The pain was extremely violent; there was hard oedema of the arm and neck, and death was preceded by coma. In six other cases recorded by Cosen, of Savannah, the symptoms, though severe, did not terminate fatally. Four of the victims belonging to this series were bitten during defecation, and in addition to the pain, tetanic spasms were noted, lasting several hours, respiration being dyspnoic and the pulse rapid. Unfortunately for science, the insect could in no instance be identified. The symptoms were the same as those embodied in the report drawn up by M. Graells for the Academy of Medicine of Barcelona in 1833, on the effects of bites inflicted by the malmignate. This observer insisted on the sense of constriction in the throat, tetanus, opisthotonos and general tetanoid

convulsions followed by loss of consciousness. In New Zealand there is also a spider, the *latrodectus scelio*, which is credited with similar powers, attacking persons engaged on the seashore, but the effects are narcotic rather than tetanic. Usually the use of morphine hypodermically and the administration of stimulants have averted a fatal issue even in serious cases, but the treatment is purely empirical, for as a matter of fact, little or nothing is known of the nature and physiological action of this class of toxic agents.—*Medical Press*, September 3, 1890.

Strychnine as an Antispastic.

In the section for neurology and psychiatry of the International Medical Congress, at Berlin, August, 1890, Dr. Benedikt, of Vienna, read a paper on strychnine as an antispastic. He was led to employ it for this purpose through noticing its effects in a case of chorea minor in a girl twelve years old. The patient had received previously other medical treatment, and treatment by electricity and hypnotic suggestion, but without result. The disease manifested itself as a mimic chorea consisting of disagreeable snapping movements, and by convulsive movements having the character of chorea minor and affecting the extremities. Strychnine subnitrate, in doses of one-twentieth of a grain, was ordered in pill form from three to five times a day. The effect upon the facial movements, which had the character of chorea major, as well as upon the other convulsive movements, was striking, and the patient was cured as the result of this medication.

Benedikt says that at first he was surprised, but on second thought still more surprised at his surprise, for he has known for twenty-five years that paralysis and spasm are not antithetical, that irritation of nerve centres and paths produce spasm, while destruction of the same causes palsy, and that the designation of convulsions by Romberg as hyperkinesis is erroneous. Convulsions are rather symptoms of disease of the centres and conductive paths, which have nothing to do with voluntary movements in the proper sense—that of Sir Charles Bell. Moreover Benedikt says he has always emphasized the fact that in the majority of cases of convulsive conditions, there is not a state of irritation of the convulsive centres and conductive system, but, on the

contrary, one of aplasia, atrophy and destruction of this system. Hence it is not astonishing that an agent which in the physiological state excites convulsions, cures convulsions if they are produced by a condition of lessened nutition of this system.

Since Benedikt's first success with strychnine in chorea he has experimented with it, and has obtained favorable results—although not with great constancy—in forms of chorea major, especially in the phonetic-respiratory, and in general in those cases which are to be regarded as neuroses without lesion.

Dislocation of the Testicle.

Mr. E. H. Howlett writes to the *British Medical Journal*, September 13, 1890, an account of an accident of such rarity that it is well worth repeating his story here.

A man 65 years old, four years before Mr. Howlett saw him, in 1886, at the Infirmary, had been knocked down by a cart, the wheel of which passed obliquely over the left side of the abdomen, crushing the scrotum.

On making a careful examination, in addition to the spinal symptoms, for which he came for treatment, Dr. Howlett found the following extraordinary condition of the genitals. The right testicle was in its place and healthy, the left was absent from the scrotum, but was found lying on the left side of the body of the penis. The epididymis was drawn up close to the external ring, and was felt to be connected with the testis by a cord, which to the touch gave the sensation of a normal vas deferens. The testis itself seemed healthy, was of good size, and tolerably firm to touch, whilst pressure upon it caused the usual testicular sensations. There was no doubt either on the part of the patient or Dr. Howlett, that the body on the side of the penis was the left testicle. It gave rise to no inconvenience, as Dr. Howlett was given to understand that for some time the penis had been limited in its functions to those of an aqueduct.

Prohibition of Hypnotic Performances in Russia.

The *British Medical Journal* states that the Russian Medical Department in August, 1890, issued a circular which declares, "in

consideration that public exhibitions of hypnotism cause considerable injury to the health of subjects experimented upon as well as of spectators witnessing the experiments, the performances being apt to give rise to the development in hypnotized persons of various hysterical, nervous, and even mental affections, which may sometimes amount to a genuine epidemic of hypnotic mania; that such public hypnotic entertainments offer to evil-minded persons a good opportunity for studying methods of hypnotizing, and for subsequently practicing them for various immoral or criminal purposes; that generally such hypnotic performances, being not accompanied by any rational explanation, can breed in the public only erroneous notions and even implant superstition, while post-hypnotic suggestions can constitute a source of disturbance of order and the place of the community by hypnotized persons, and even of committing criminal deeds by the same, the Medical Council has resolved: That henceforward any public *séances* of hypnotism and magnetism are strictly prohibited; and that the application of hypnotism for medical purposes can be permitted solely to medical practitioners, under the condition that the operation is to be practiced invariably in the presence of other medical men."

Pemphigus Neuriticus.

Zmigrodsky, *Bolnitchnaya Gazeta Bolnina*, May 30, 1890, reports a case of pemphigus, which he thinks is rather rare as regards the etiology of the affection. The patient sustained a fracture of the femur and an injury to the sciatic nerve; she was subject after that to neurotic pains along the course of the latter, and at different intervals—twenty-three times during ten months of observation—had the characteristic pemphigus eruption along the peripheral branches of the stiatric nerve. That pemphigus was of neurotic origin in this case, the author believes to be proved by the fact that the patient suffered intense pain in the parts just before the eruptions occurred; that the muscles of the injured limb were undergoing progressive atrophy, and there was anesthesia of the limb.

Though unable to give more scientific proof of the affection being neurotic, author is convinced that it was due to neurosis of the peripheral nerve branches.

THE MEDICAL AND SURGICAL REPORTER.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

EXCISION OF THE RECTUM WITH PRESERVATION OF THE SPHINCTER OF THE ANUS.

The treatment of malignant disease of the rectum has always presented great difficulties on account of the inaccessibility of the part. When the disease has been too extensive and too high up to make removal by the anus possible, the usual practice has been to approach it from the front, by opening the belly, and, after excising the diseased part, to make an artificial anus in the iliac region. It frequently happened under this method that the patient passed through a critical operation (or he did not), and in the end had only a miserable existence. In 1885, Prof. Kraske, of Freiburg, proposed to approach the disease from behind, by cutting down to the coccyx, separating it, and, if necessary, chiselling away part of the sacrum. In this way it is possible, after

excising the diseased portion of the rectum, to unite the upper healthy portion of the rectum to the preserved sphincter of the anus. The preservation of this muscle makes the life of the patient comfortable; without it he is miserable.

In a communication to the Société de Chirurgie, of Paris, May 28, 1890, Dr. Paul Reclus reported a case of cancer of the rectum in which he had excised the rectum and had succeeded in preserving the sphincter with its functional activity. The patient was a man, forty-seven years old, vigorous and robust. The cancer extended to within about two inches of the anus, and measured not more than one and one-half inches in one direction by two and one-third inches in the other. Infiltration had not gone beyond the mucosa, and the tumor was entirely movable, without any adhesions to the pelvic organs; it was therefore a favorable case for operation. Dr. Reclus followed Kraske's method by cutting posteriorly down upon the coccyx. The separation of the periosteum of the latter and of the sacrum gave rise to profuse hemorrhage, but this was controlled with tampons. The incision gave access to the rectum after excision of the coccyx and one sacral vertebra. The indurated portion of the rectum was then removed, the incision extending for about one-third of an inch into the healthy tissue. Search was made for enlarged glands, but none were found. The upper end of the bowel was then drawn down and united by sutures to the sphincter, after being reduced in circumference like the mouth of a purse, so as to accommodate its larger caliber to that of the sphincter. The long ends of the sutures were carried out through the anus. A large drainage-tube covered with gauze, as recommended by Poncet, of Lyons, was inserted into the rectum to facilitate the passage of gas. The posterior incision was then sewed, only an open space for safety, stuffed with iodoform gauze, being left above the sphincter.

The result of the operation was excellent.

The temperature never rose above 99.5° Fahr. A fistula was feared, but it did not form. Immediate union was obtained. On the tenth day the tube to facilitate escape of gas was removed, and the patient was purged. In less than four weeks the patient went home entirely well.

This operation, as Reclus very justly remarks, is better than one resulting in an artificial anus; for in the former the patient has control of his stools. But it cannot be performed when the cancer is very large and adherent; for extirpation is then very dangerous and, if it does not result in the death of the patient, only gives him the equivalent of an artificial anus. It is better, therefore, when the cancer is large and adherent, to form an artificial anus at once, as the mortality of the operation for this purpose is, at the present time, almost zero.

AN ALLEGED ABORTIONIST.

THE MEDICAL AND SURGICAL REPORTER, on May 1, 1890, called attention editorially to the case of a physician in Easton, Pa., who was suspected of being an abortionist, and published an account of an interview held with this physician by a representative of the REPORTER and certain letters which had passed between them. This publication was followed by the indictment of Dr. Fackenthal for criminal abortion in the case of a young woman, and he was recently brought to trial before the Northampton County Court. The defense attempted to prove that this girl visited the doctor's office for the purpose of ascertaining whether she was pregnant; in which case her lover had promised to marry her. Her first visit was made on February 26, 1890, when, as she stated, she was examined by means of an instrument which was identified as a Ferguson speculum. She also stated that she experienced a sharp cutting pain. Her testimony was not clear as to whether another instrument was also used, though at times she would admit that an instrument like a

uterine sound had been employed. The doctor testified that at this time he could not determine her condition accurately, but gave her a bottle of medicine, which subsequently was found to contain a solution of bromide of potassium. Her next visit was one week later, March 5. At this time she was also examined with instruments, and twenty-four hours later she was taken sick and sent for a physician, who refused to take charge of the case because he suspected, from statements made by the family, that Dr. Fackenthal had attempted an abortion. Dr. Fackenthal was accordingly called in, and treated the case until after the passage of the fetus, and in fact throughout the entire illness of the girl, which was at one time considered sufficiently serious to necessitate the calling in of an alderman, to take an ante-mortem statement. She however recovered after a prolonged illness. The fetus was preserved, and on examination was found to have a large ecchymosis on the head and also two small punctured and contused wounds on the trunk. A microscopic examination of these ecchymoses showed them to be certainly ante-mortem. The evidence, as produced by the prosecution on the trial of Dr. Fackenthal, showed that the girl had visited his office twice within one week—an interval too short to be of any aid in detecting any progress in a case of pregnancy; and that instruments had been used on each occasion—which would evidently not have been necessary in determining the fact of pregnancy, and that within two days after the last visit symptoms of miscarriage began. The girl herself was a very unsatisfactory witness and on cross-examination frequently contradicted her own statements. As she was one of the most important witnesses of the prosecution her testimony proved far from beneficial to this side of the case.

Some of Dr. Fackenthal's testimony was highly interesting from a medical standpoint. In trying to account for the injuries found on the fetus, he stated that in cases of

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miscarriage so much force was at times necessary in delivering the fetus that he frequently pulled off arms or legs, or even the head in extreme cases. He also stated that if no instruments were at hand, he at times used a lead pencil, in connection with one of his fingers, as a pair of forceps, to further aid in the delivery; and if he had no pencil he was accustomed to cut a limb from a tree for the purpose. He asserted that the speculum was necessary for the diagnosis of pregnancy, and that it could be used to exclude other conditions that might simulate pregnancy by suppressing the menses, such as tumors (!) also, that he had practiced *balotement* in this particular case, though the girl had been pregnant less than three months. He further said that the placenta was formed before the fetus.

The defense undertook to prove that a probe could not be passed into the uterine cavity through a Fergusson speculum, and produced Thomas's *Diseases of Women* as proof of this.

The letters written by the representative of the REPORTER and by Dr. Fackenthal—which were published in the REPORTER—were admitted by the defense to be genuine, and were of importance as bearing upon the general character of the latter, but did not pertain directly to this case.

The judge in his charge to the jury reviewed the evidence and instructed them that, if they were unable to convict the defendant on the evidence bearing directly on the offense named in the indictment, they should bring in a verdict of not guilty. He stated further that they were not to be guided alone by the evidence brought out by the MEDICAL AND SURGICAL REPORTER in the letters and reported interviews of its representative with Dr. Fackenthal. The judge also referred to the grave nature of the charge and the effect in case of conviction on the family of the accused. Under all these influences, the jury, after deliberating for about three hours, brought in a verdict of not guilty.

PSEUDO-TYPHOID BACILLI IN DRINKING-WATER.

The strong tendency of current pathological teaching to ascribe all infectious diseases to the action of specific germs or their products has led to an extensive study of bacteriology. In spite of the fact that this branch of medicine is so recent, its literature is enormous already, and what is not known of course vastly exceeds what is known. The germs being microscopic, their forms and size can help but little in differentiating one from another of the same group, and hence reliance has to be placed upon the shape, size, color and other characteristics of pure cultures growing in mass in a culture medium. It is possible to make mistakes even when these are observed, unless the person making the observations is unusually skilful. To illustrate this fact, we may refer to an article entitled "Notes on Pseudo-typhoid Bacilli found in the Waters of the Riviera," by Dr. Cassedebat, published in the journal of the *Société de Biologie*, June 29, 1890. Cassedebat has found in the waters mentioned three bacilli which resemble very closely the true typhoid bacillus of Eberth.

He gives in detail the points of similarity between the true and false forms, and also the points of difference. As regards the latter, it appears that cultures of the typhoid bacillus in milk give an acid reaction after four days, whereas two of the pseudo-typhoid forms give an alkaline reaction. Cultures of the bacillus of Eberth made on a one per cent. solution of peptone in an incubator, become very cloudy in a few hours and never present any other peculiar feature.

One of the false forms produces after the second day a fine pellicle without clouding the liquid, and a second false form both clouds it and produces a thicker pellicle on the surface.

Peptonized bouillon sowed with Eberth's bacilli, either at the temperature of incubation or at the temperature of the labora-

tory, are clouded more or less rapidly; while two of the false forms produce on the first day a thick pellicle, which in one case is very resisting and breaks up into lumps in the other.

In the incubator, cultures of the false typhoid bacilli in bouillon and in milk, when stained with the colors suggested by Nœggerath, give special characteristics more or less peculiar to each. These Cassedebat describes at length.

Enough has been said to justify the conclusion of Cassedebat, that when an investigator finds in water bacilli having the morphological characters of those of Eberth; when these bacilli form colonies similar to the latter; when this resemblance is continued in cultures on potato—even then, he ought not to assert that they are typhoid bacilli. It is absolutely necessary, before making such an assertion, to cultivate each of these bacilli and to compare the results with those obtained with the bacilli of Eberth.

The second conclusion of Cassedebat is also highly important. He says: "It is impossible to give even an approximate estimate of the number of typhoid bacilli which may be contained in a quart or in a cubic centimeter of water, for example, without having subjected to the same control experiment each one of the colonies resembling those of Eberth's bacillus."

The bearing which these observations of Cassedebat have upon the asserted presence of typhoid fever germs in drinking-water, when these assertions have been made by bacteriologists of only moderate skill and experience, or by chemists with no knowledge of bacteriology, is too clear to need further exposition. The lesson to be learned is, first, one of modesty on the part of those who make reports upon the unwholesomeness of water supplies, and, second, one of encouragement to those who have been slow to believe all the evils that have been said to exist in water that does not look pure.

A VETERINARY HOSPITAL.

The Veterinary Department of the University of Pennsylvania has opened a free clinic for animals needing veterinary treatment, and will maintain an ambulance service in connection with it. This will bring the admirable equipment of this Hospital within the reach of many who otherwise could not receive its benefits.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

LES ANESTHÉSIIQUES. Physiologie et Applications Chirurgicales. Anæsthetics. Physiology and surgical applications. By A. DASTRE, Professor of Physiology at the Sorbonne. 8vo, pp. xi, 306. Paris: G. Masson, 1890. Price, five francs.

Dastre has set himself the task of searching out the origin of anæsthesia, of exhibiting the facts and theories relative to the agents most commonly used—ether and chloroform—and of making known the long list of new agents which have since been added to the first.

As regards the relative safety of ether and chloroform, he says the former appears to be less dangerous than the latter in the first stage of anæsthesia, since the heart is less likely to stop before the respiration under the administration of ether than under the administration of chloroform. But he declares that the expression of a general and exclusive preference in favor of one anæsthetic is an error similar to that of the physicians who, without taking account of the indications, desired the French Academy, in 1833, to choose between blood-letting and purgatives in the treatment of pneumonia. There are some cases in which chloroform is proper; there are others in which ether is preferable. Ether, he says, should be preferred when, from the condition of the patient or other causes, secondary syncope is dreaded, or when a patient has a lesion of the right heart and of its orifices as a result of a chronic affection of the lung. On the contrary, in prolonged operations, or where there is a lesion of the left heart, or for children, chloroform is preferable.

There is a great deal to be said in favor of Dastre's views, and much could also be said on the other side. Patients have lost their lives, especially in abdominal sections, apparently from prolonged etherization. It seems to be true that, for children and in gynecological operations, chloroform is growing in favor. But many, at least in the northern and eastern portions of the United States, would not dare to give chloroform to a patient in whom any disease of the heart existed; while, on the other hand, it is regarded by some as preferable for persons with disease of the kidneys or atheroma of the cerebral vessels.

In general it may be said that when a surgeon has had large experience with a particular anæsthetic, he will have fewer accidents if he employs that one and no other. This one, whatever it be, is the safer for him.

Dastre's book is a timely contribution to a subject

now exciting the greatest interest, and as it is full of information it cannot fail of being welcome.

LITERARY NOTES.

—The *Illustrated News of the World*, which is the American edition of the *Illustrated London News*, maintains its high character of literary and artistic excellence. It is especially strong in the direction of pictures and descriptions of scenery and life in widely separated parts of the world. Of late there have been a number of illustrations of ships of war of the various nations. The number for October 25, contains a very handsome representation of a Russian cruiser. The editorials by Mr. James Payn are always interesting, as might be expected of so shrewd an observer and so brilliant a writer.

—*Scribner's Magazine* for November is an extraordinarily beautiful and interesting number. To physicians articles of peculiar interest will be found in the papers on "Dr. Materialismus;" "The Training of a Nurse" and "A Day with a Country Doctor."

NOTES AND COMMENTS.

Estimation of Nitrites in Drinking-Water.

Dr. J. C. Thresh, Medical Officer of Health for Chelmsford and Maldon, read before the British Pharmaceutical Conference, September 2, 1890, a paper on the quantitative determination of nitrites in drinking-water, of which the following abstract is contained in the *Chemist and Druggist*, September 6, 1890.

In carrying out a series of investigations as to the changes which take place in many waters when kept under favorable conditions, the want of a simple and rapid quantitative test for nitrites made itself felt. None of the ordinary processes answered the required purpose, and, therefore, the author was induced to attempt to make the exceedingly delicate potassium iodide and starch test an available colorimetric one. The experiments made with this object proved:

1. That with the same proportions of acid, starch, and potassium iodide, the rapidity with which the blue tint develops and the depth of the tint vary with the degree of oxygenation of the water.

2. The depth of color increases with the time of exposure, since the liberated NO acts continuously as a carrier of oxygen.

3. Temperature has a very appreciable effect.

4. Other things being equal, the stronger the acid and the larger the proportion of

potassium iodide added, the more rapidly is iodine liberated.

5. The quantity and quality of the starch solution also affect the result.

6. When all the above factors are constant, then the rapidity with which the blue tint develops varies with the amount of nitrite present. To obtain satisfactory results it is, therefore, necessary to work with waters at about the same temperature, which have been well shaken with air, and have then been treated with exactly the same quantity of each reagent.

The reagents required are:

1. Solution of Potassium Iodide and Starch.

Starch (in powder)	2 grams
Caustic potash	1 "
Potassium iodide	2 "
Water	200 c.c.

Dissolve the starch in about 10 c.c. of water, to which the caustic potash has been added. Heating is unnecessary. The solution keeps well.

2. Dilute Sulphuric Acid.

	Parts.
Pure acid	1
Water	3
Mix.	

3. Solution of Sodium Nitrite.

Pure sodium nitrite493 gram.
Water	1 litre
1 c.c. = 1 mgr. nitrogen.	

Apparatus required: a few small pipettes and 50 c.c. Nessler cylinders.

In making the analysis, shake the sample of water vigorously in a partially-filled bottle to saturate with air, pour 50 c.c. into the cylinder and add 1 c.c. of the starch and iodide solution, and afterwards 1 c.c. of the dilute acid. Stir gently. Assuming the temperature to be about 60° F., if a blue tint develops instantly on addition of the acid, the water contains more than 1 part per million of nitrous nitrogen. If the blue tint shows only after a few seconds, it contains about .1 per million. If it requires more than about 10 seconds to develop, it contains less than that amount.

In the first case the water is too strong for estimation, and it must be diluted with nitrite-free water in such proportion until an experiment shows that the color appears only after standing a few seconds.

With a little experience the approximate amount of nitrite present can be ascertained with considerable precision by these simple preliminary experiments.

Now prepare a standard nitrite solution by

diluting 1 c.c. of the above solution of sodium nitrite to 200 c.c. Each c.c. of this standard, diluted in the Nessler cylinder to 50 c.c., corresponds to .01 nitrogen per litre.

Measure into two or more Nessler glasses varying quantities of this standard solution, and fill up with the aerated water. Now take 50 c.c. of the water to be examined, or of the previously diluted water, if such dilution were found necessary, and add to each, successively and rapidly, 1 c.c. of the starch solution, and 1 c.c. of the acid. If none of the prepared solutions correspond in strength with the water fresh trials must be made.

The following are the notes on an estimation:

50 c.c. + reagents. Blue in about 10 seconds.

Compared with—

.10 per litre (10 c.c. standard dil. to 50 c.c.). This was a little too strong.

Compared with—

.05	Too weak.
.07	Too weak.
.09	Too strong.

Tried again with—

.08 Little too strong.

Estimated therefore at .075 N per litre.

Real strength was .070 N per litre.

Numerous determinations with all kinds of potable waters prove that the process is reliable. A determination only takes about five minutes as a rule. The reagents are easily made and preserved, and the conditions to be observed are easily attained. For the above reasons the author commends it to the notice of such analysts as desire to record the amount of nitrites in water examined. In the course of the paper Dr. Thresh mentioned that he had come across samples of water in which the nitrite fluctuated, and this it will be seen was a point which was considered in the course of the discussion.

Diet and Digestion.

At the last meeting of the Homœopathic Medical Society of Pennsylvania, Dr. M. S. Williamson, of Philadelphia, read a sensible paper on the Hygiene of the Alimentary Canal, in which he said that, in health, an excellent way to prepare the stomach for the morning meal is to take a drink of cold

water, while for those who suffer with catarrhal dyspepsia hot water may be used to wash away the accumulated mucus to enable the gastric juice to act upon the food. In cases where there is loss of power of the stomach, and especially where there is irritability, hot water after eating is very soothing and beneficial.

It is not possible to lay down general rules for diet; each patient should be examined to ascertain what kind of food should be eaten. The mother's diet has a direct influence upon the unborn child, and may control the development of the bones and size of the child. Many mothers think that their milk is the best kind of food, but this is an error. In England it has been found that about ten per cent. of infants do not thrive on their mother's milk.

In the absence of mothers' milk, or in a case where this does not agree with the child, cow's milk must be given; or, if that cannot be digested, or if a good article cannot be procured, condensed milk; and there are many preparations of baby food that may be tried. In some cases where the mother has not enough milk to satisfy the child, it is right to urge the mother to retain her milk and to use the bottle for the additional meal, the notion that mixing milk is injurious having been found to be erroneous.

As a child grows it is necessary to add to the diet, and after a healthy child is nine months old it will require the milk to be given undiluted. When the child is a year old, bread or crackers may be added to the milk, but Dr. Williamson has found the best preparation to be oatmeal with milk. Boiled eggs and soups may be given at dinner, but light suppers are very important for the early years, and many children who have night coughs and bad dreams can have these troubles done away with by observing this rule. Not only young children but those of larger growth will feel much better in the morning, and eat their breakfast with more relish, if they take only food that is easily digested at supper time, and make it a rule never to eat anything after supper.

It is important not to sow the seeds of future trouble by allowing the use of condiments or of highly-seasoned food, for the time will come when there will be punishment for transgression. With advancing years, when the natural tonics of fresh air and out-door exercise cannot be taken, the use of malt in some form may stimulate the appetite. Meat is what is needed, and this

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stewed and thickened with potatoes, barley, rice or split peas, forms a good food for the mid-day meal. Extract of meat and milk punch, in very old persons, may be given with advantage when they are not able to eat ordinary table food.

Thiol in Skin Diseases.

Prof. E. Schwimmer, Buda-Pesth, is cited in the *British Journal of Dermatology*, September, 1890, as recommending thiol as useful in erythema, dermatitis herpetiformis, herpes zoster, acne rosacea and acne vulgaris faciei, in papular and weeping eczema, as also in the treatment of burns, etc. It is generally applied in the strength of a one-in-three aqueous solution. Prof. Schwimmer was especially struck by the exceedingly satisfactory results he obtained with it in the treatment of herpes zoster and dermatitis herpetiformis. Of the latter disease a case had been ineffectually treated for three months with other remedies, but healed promptly in the course of a week when thiol was applied. The patient was painted regularly twice daily with the solution for two or three days, and the skin then carefully washed with pure water. It was found that the vesicles and bullæ had disappeared even in this short space of time, being replaced by scurfs of thiol, and the skin below showed nothing but a moderate pigmentation. A result like this appears really marvellous in such a refractory disease as dermatitis herpetiformis. In erythema exudativum multiforme also good results were obtained with the solution, but the thiolium siccum pulveratum seemed preferable, the eruption becoming much paler in three to six days, and soon healing completely. The liquid form again proved more adapted to papular eczema, being especially cleanly in application. On the whole thiol does not soil much, though the ointment form (made of 2 parts of thiol and 20 parts of lard) is not quite so agreeable as the solution. Its great advantage over ichthyol is, however, the absence of all unpleasant odor.

A Steam Milk Sterilizer.

According to the *Deutsche Medizinische Zeitung*, Sept. 25, 1890, Dr. Schmidt, of Mülheim, in the *Archiv. für animal. Nahrungs-mittelkunde*, No. 7, 1890, describes an

apparatus for the sterilization of milk, which is thought to be simpler in construction and more useful than any hitherto devised. The essential parts are a shallow, concave vessel or boiler, to contain water, with a perforated cover surrounded by a rim of wood, to receive the bottles of milk, and a lacquered paper bell-shaped cover with an opening at the top for the escape of steam. The bottles are furnished with adjustable ground-glass stoppers, with a vertical groove, affording communication between the contents of the bottle and the outside air, thus preventing bursting. The water of condensation which collects makes the closure hermetic. The advantages of the apparatus are that the sterilization of the milk in a current of steam is more thorough and more speedily accomplished than in the water bath, without the danger of spoiling or scorching. The milk retains a degree of freshness of taste not possible when stoppers of rubber and like material are used. [This apparatus is similar in principle to several now on the market in America.—Ed. REPORTER.]

Styron in Chronic Purulent Otitis Media.

Dr. Cheltsoff, *Bolnitchnaya Gazeta Botkina*, May 9, 1890, ascribes great value to styron in the treatment of chronic middle-ear disease, which does not yield to the most energetic treatment with other remedies. He made special observations in eight cases and obtained brilliant results.

In one case of otitis media of three years standing, the ear was syringed with a solution as follows:

Styron 3i
Alcohol f 3i

One part of the above to twenty parts of water. The purulent discharge and inflammatory condition of the ear disappeared. The patient was cured and discharged from the hospital within twelve days from the beginning of the above treatment.

He had another patient twenty-one years old, with purulent otitis media since childhood; an acute exacerbation with extreme shooting pain in the ear made the patient call for treatment. Syringing with water for several days did absolutely no good. But when twenty parts of the solution of styron to two hundred parts of water were used to syringe the ear with three times a day, the pain,

swelling and tinnitus aurium were relieved within two days. The patient asked for his discharge from the hospital after the fifth day. On the last examination the swelling in the auditory canal was absent, and the middle ear was free from all inflammatory product and had a normal appearance. During the treatment with styron the author tried in the above cases 1-8,000 of bichloride of mercury solution as a substitute; then the purulent discharge appeared the next day in large amount, and disappeared the following day, after the use of styron was resumed.

There are two forms of styron, the crystal and the liquid. Both have the same virtues, the liquid being the least expensive.

Dr. Cheltsoff used an alcoholic solution, and, in order to ascertain that it was not the alcohol that was so beneficial in the purulent cases, he syringed the ear with alcohol during treatment, which was followed by increased discharge from the ear. The styron used after it, however, made the pus disappear permanently. The author states that when there was much pain it was immediately relieved by styron, and that the latter was an excellent analgesic in all his cases. At present styron is a favorite remedy in the hospital for all obstinate purulent conditions.

Sulphaminol as an Antiseptic.

According to the *Journal de Médecine*, September 7, 1890, sulphaminol, or thio-oxydiphenylamine, is prepared by exposing the salts of oxydiphenylamine, dissolved in water, to the influence of sulphur. The product thus obtained is a light yellow powder, odorless and tasteless, which dissolves easily in alkaline solutions, and more easily in solutions of alkaline carbonates. Alcohol and acetic acid also dissolve it. Solutions of it have a light yellow color. Sulphaminol becomes brown and deep colored at about 311° Fahr.

In contact with the juices of the body sulphaminol separates into its two components, sulphur and phenol. Each of these two bodies having great antiseptic power, it follows that sulphaminol is used in medicine principally as a substitute for iodoform, without possessing the disadvantages of the latter. In the urine it appears as oxydiphenylamine. R. Kobert, of Dorpat, has subjected sulphaminol to experiment, and has proved its perfect harmlessness. Dogs tolerate as much as nine decigrams (fourteen

grains) of the drug administered subcutaneously, per kilogramme of body weight. No symptoms of poisoning or of suppuration were observed when this dose was given, and even the appetite of the animals was unaffected. Sulphaminol has no toxic effects on man.

Moritz Schmidt, of Frankfort on the Main, reports successful results with it in laryngological practice. He has employed the preparation especially in suppurations of the maxillary sinus. The strong odor of these suppurations, he says, is dissipated easily only by iodoform and sulphaminol; and as the latter is entirely odorless, it is altogether preferable to the former.

New York Pasteur Institute.

Dr. Paul Gibier, in a circular which seems to have been sent out to the newspapers as well as to medical journals, gives the following as the results of the preventive inoculations against hydrophobia performed at the New York Pasteur Institute since its opening, February 18, 1890.

To October 15, 610 persons, having been bitten by dogs or cats, came to be treated.

In regard to 480 of these persons it was demonstrated that the animals which attacked them were not mad. Consequently the patients were sent back after having had their wounds attended, during the proper length of time, when it was necessary.

In 130 cases the anti-hydrophobic treatment was applied, it having been assumed after veterinary examination or inoculation in the laboratory that the animals which inflicted bites were rabid.

The persons treated were:

64	from New York.	1	from Maryland.
12	" New Jersey.	1	" Maine.
12	" Massachusetts.	1	" Kentucky.
8	" Connecticut.	1	" Ohio.
9	" Illinois.	1	" Arizona.
3	" Missouri.	1	" Iowa.
3	" North Carolina.	1	" Nebraska.
3	" Pennsylvania.	1	" Arkansas.
2	" New Hampshire.	1	" Louisiana.
2	" Georgia.	1	" Ontario, Can.
2	" Texas.		

[This is not exactly the kind of information we desire for the readers of the REPORTER; but as the circular was obviously prepared to impress the laity with the skill of Gibier and the beneficence of his New York Pasteur Institute, it could hardly be expected to have great scientific value.—ED. REPORTER.]

The Grippe as a Cause of Abortion and Miscarriage.

In the Moscow *Meditzinskoïe Obozrenië*, No. 2, 1890, p. 149, Professor Ivan M. Lvoff, the distinguished obstetrician and gynecologist of Kazan, published a valuable paper on the subject, embodying a set of his own observations which are fully in accord with those recorded by Drs. W. H. Banks, of Mifflintown, and Clarence King, of Machias, in the *REPORTER*, 1890, April 26, p. 489, and June 21, p. 720. During the last pandemic the author happened to come across ten cases of influenza in pregnant women, all of them being multiparæ; of the number, two were in the first half of pregnancy, and both aborted. One of them was seized with grippe while in the third month of pregnancy, abortion occurring on the seventh day of the disease. The other, a generally healthy woman of thirty-three, ceased to menstruate on October 7, and fell ill with severe influenza on November 20. On November 28 (second day of convalescence), there appeared an incessant sanguinolent vaginal discharge; on December 11, an eight or nine weeks ovum was expelled. The remaining eight women were in the second half of pregnancy. In two of the cases, referring to patients in the seventh and eighth month of pregnancy, miscarriage followed—in one on the fourth day of the attack; in the other on the fifth. The infants were born alive, but very weak; and they survived only a short while. Macroscopically their placenta appeared to be normal. In all the four cases of a premature termination of pregnancy, the complicating disease was of a very severe type, being accompanied with a high fever, reaching its maximum on the third, fourth or fifth day of the attack. In the other six cases the affection was relatively mild, the temperature attaining its highest stand in the course of the first twenty-four hours of the disease. In one of the abortion cases (that occurring during convalescence) the ovum was subjected to a careful macroscopical and microscopical examination which revealed hemorrhagic decidua endometritis, and an advanced fatty degeneration of the fetal membranes, the epithelium of the villi being especially affected. On the whole, Professor Lvoff comes to the conclusion that severe febrile grippe shows the same unfavorable influence on the course of pregnancy as that produced by typhoid fever.

The Preservation of Milk.

After considering various popular means for the preservation of milk, Dr. Lazarus, in an article in the *Zeitschrift für Hygiene*, viii, 2, 1890, of which an abstract is published in the *Deutsche Medizinal-Zeitung*, Sept. 25, 1890, says that all the ordinary preservatives are to be regarded with distrust. In domestic use only salicylic acid is to be commended, and this only when better means are wanting. For the ready recognition of substances added to milk to preserve it: (a) a specimen is heated for an hour or two; a brownish-red coloration indicates the presence of an alkali, such as soda, sodium bicarbonate, borax or lime; (b) a violet coloration upon the addition of a few drops of a dilute solution of iron chloride is indicative of the presence of salicylic acid.

Dr. Laville's Liquor and Pills.

The investigations of the Berlin police authorities show that Dr. Laville's gout liquor, as made by Bernard, is composed of Spanish wine colored with tincture of cochineal, and containing colchicine and quinine. The gout pills contained silicate and carbonate of sodium, extract of alkekengi and a vegetable powder.—*Druggists' Circular*, October, 1890.

Pasteur Institute.

The *Bulletin Medical*, October 12, 1890, reports that in September 158 persons had been treated at the Pasteur Institute in Paris; of whom 49 had been bitten by dogs the rabid condition of which was proved "experimentally," 93 were bitten by animals recognized as rabid by a veterinarian, 16 by animals suspected of being rabid. The animals that did the biting were, dogs 141 times, cats 17 times.

Aletris as a Cathartic.

Aletris farinosa belongs to the family of the *Hæmodoraceæ conostyleæ*. Its rhizome is administered in the form of a powder, in doses of nine grains, as a simple bitter tonic. In larger doses it seems to possess cathartic, emetic, and even narcotic properties. Good results have been obtained in colic, dropsy, and chronic rheumatism by its administration.—*Journal de Médecine*, September 7, 1890.

Johns Hopkins Hospital and Women Students.

It is reported from Baltimore, October 28, that Mrs. Davis, Miss Mary Garrett, and their associates of the Committee of Ladies, who resolved to raise \$100,000, and give it to the Johns Hopkins University for the purpose of founding a medical college into which women would be admitted, have accomplished their resolve. Mrs. Davis has sent the following letter to the Trustees:

"The committees formed for the purpose of raising a fund to procure the most advanced medical education for women can now place at your disposal the sum of \$100,000 for the use of your medical school if you will, by resolution, agree that women, whose previous training has been equivalent to your preliminary medical course, shall be admitted to the school, when it shall open, upon the same terms which may be prescribed for men.

"There is little doubt that a sufficient number of women ought to be educated and trained in such manner as to be fully able to care for sick women who may wish or ought to be treated by women. We have devoted ourselves to the furtherance of this object. We have reason to hope that a university which proposes to found a medical school intended to teach advanced methods in the treatment of those diseases which afflict mankind will not refuse to woman the opportunity of learning such methods. There is now a general interest in our movement. In order that this interest may be sustained, we ask you to consider our offer at the earliest possible moment."

The American Academy of Medicine.

The American Academy of Medicine will hold its next annual meeting at Philadelphia, December 3 and 4.

NEWS.

—Dr. Charles Meigs Wilson has resigned as physician to the Lying-in Charity in Philadelphia.

—Jane Martin, who died in the county hospital in Lancaster, Pa., on Saturday night, is said to have been 102 years of age.

—Dr. Charles B. Penrose was elected, on October 28, to fill the vacancy in the surgi-

cal staff of the German Hospital in Philadelphia, caused by the resignation of Dr. Ferdinand H. Gross.

—A case of leprosy has been discovered at Chester, Pa., by Dr. J. Frank Evans, the diagnosis being confirmed by Drs. Daland, Pepper and Duhring, of Philadelphia. The patient has been isolated.

—On October 28, Dr. John B. Deaver at St. Agnes's Hospital, opened the neck of a woman suffering with cancer of the cesophagus, with a view to its removal, if possible. As infiltration prevented this, he did a gastrotomy.

—It was reported on October 29 that a man and his wife and four children, at Middleton, Wisconsin, had been afflicted with diphtheria, said to have been communicated by a stray cat. Three of the children had died of the disease.

—It is reported from Berlin, October 31, that two cases of slight consumption in the hospital "La Charité" are declared to have been cured already by Koch's method. The patients are kept in the hospital still to prevent their making disclosures.

—Dr. J. T. Rothrock has recently received notice from the Commissioners of the Paris Universal Exposition, notifying him that he had been awarded a silver medal for his photographs of American trees, as exhibited by the American Forestry Division in the Department of Agriculture.

—Sister Rose Gertrude, the young English woman who created a great sensation by attempting to spend her life among the lepers of Molokai, one of the Sandwich Islands, is now a governess in the family of the Superintendent of the Inter-Island Steam Navigation Company at Honolulu. There is said to have been no truth in the statement that she was engaged to Dr. Lutz, about whom and Sister Rose there was so much talk.

MARRIED.

Vissel — Weidemeyer. — On October 2, 1890, at the residence of Dr. S. S. Brumbaugh, at Pipersville, Pa., by Rev. T. C. Strock, Dr. Julius T. Vissel, of Baker Summit, Blair Co., to Miss Mary Weidemeyer, of Pipersville, Pa.

Nash — Duckworth. — At Erwinna, Pa., on October 8, 1890, by Rev. T. C. Strock, Dr. A. B. Nash to Mrs. Eliza Duckworth, both of Frenchtown, N. J.